2010 Celendar Year



JAN 1 3 2011

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Mamorial Circle, Augusta, Maine Website: www.maine.gov/ethics*

Phone: 207-287-4179 Fax: 207-287-6775

APPOINTED EXECUTIVE EMPLOYEES ission

2010 INITIAL STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2010 through December 31, 2010.

Please file this statement with the Maine Ethics Commission no later than five (5) days prior to the public hearing on your nomination held by the joint standing committee. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations. Please keep a copy of this form for your records.

MAINE AT	ND CONTACT INFORMATION	
Name Darryl N. Brown	Title	Commissioner
Department/Agency/Bureau/Division	Work	O hona
Dept. Env. Protection Mailing Address, 17 SHS	· ·	incre
PART 1. INCOME DER	IVED FROM EMPLOYMENT BY	NOTHER
List the name and address of each employer from whom economic activity of each employer.	n you received compensation of \$1,0	00 or more. Specify the principal type of
☐ None	- 1941 ERES 1,	PAR here
Name of Employer	Address	Principal Type of Economic Activity of Employer
	*** «11000HBA	The same and the s
	*1111	1 mm 1 pm 1 pm 1 mm 1 mm 1 mm 1 mm 1 mm
PART 2. INCOME DERIVED F	ROM SELF-EMPLOYMENT OR L	AW PRACTICE
 List the name and address of your business or law firm, lerived income. If associated with a partnership, firm, profe activity or practice of that entity. 	35	
None		A
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity Practice (self)	Major Areas of Economic Activity/ / Practice (partnership, association, firm or similar business entity)
eme: Main-Land Development Consultants consultants	Soils Mapping On-site wastewater des	Land development
Livermore Falls ME 04254		

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,	PART 2 (continued) INCOME DEDUCE FROM SELE			
B. List each so	PART 2 (continued). INCOME DERIVED FROM SELF-lurce of income derived from self-employment or practice that represents mostler, and specify the principal type of accounts and the self-employment of practice that represents mostler, and specify the principal type of accounts and the self-employment of the self-employment			
form of disclosu	pater, and specify the principal type of economic activity of the entity or person ine is prohibited by law, rule, or an established code of professional ethics that represents more person from whom the income was derived.	ne man 10% of your gross income or \$1,000 in from whom you derived such income. If this specify only the principal type of economic		
	Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income		
Name: Leibro Address:P.O. B	ox 3678, Portland, ME 04104	Land Sales		
Name; Address:		The state of the s		
	PART 3. OTHER SOURCES OF INCOME			
List each source box.	of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. Do not incl	ude gifts or honoraria. If none, check the		
T MOUSE		7,11 %		
**************************************	Name and Address of Source	Kind of Income (investments, leases, etc.)		
Name: Moose I	Hill Properties, Inc. ox Q, Livermore Falls, ME 04254	Lot Sale-Annual Payment		
Name; Address:	f Address	H of the second		
Name: Address:				
	PART 4. REPORTABLE LIABILITIES			
List the names of areas of economic made as campaign	creditors for any unsecured loans of \$3,000 or more that you received dure activity of each creditor. Do not list credit card liabilities, or educational load contributions, or business loans from regulated financial institutions. If none	ing the reporting period, and list the major ans, loans from a relative, loans that were		
None		A BOX (I/C DOX.		
and the second s	Name and Address of Creditor	Principal Type of Economic Activity of Creditor		
ilame; .ddresa;				
lame:				
ddress:				
	PART 5. REPORTABLE GIFTS			
st the specific sou	rce of glifts received during the reporting period with an aggregate value of mo	the than \$300. If none about the bar		
None None		- IT THE CHECK THE DOX.		
	Name of Source of Gift Na	Te of Source of Gift		
4 4 11-	3.	and the second s		
	4.			

	PART 2 (continued). INCOME DERIVED FROM SE	LF-EMPI OVMENT
B. List each whichever if form of distriction activity of the	ch source of income derived from self-employment or practice that represent is greater, and specify the principal type of economic activity of the entity or po- closure is prohibited by law, rule, or an established code of professional entity or person from whom the income was derived.	THOSE than ADDI.
}	Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is
Nвпте:	•	the Source of the Income
Address:		
Name:		
Addr o ss:		
List oo-b	PART 3. OTHER SOURCES OF INCO	ME
box.	arce of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not	include gifts or honoraria. If none, check the
☐ None		
	Name and Address of Source	Kind of Income (investments, leases, etc.)
	PL Financia1	·
S	785 Towne Centre Drive an Diego, CA 92121-1968	Interest
Address: P	eibro, Inc. .O. Box 3678	Dividend Distribution
]	ortland ME 04104	
Address: P.	ain-Land Development Consultants,Inc. O. Box Q ivermore Falls, ME 04254	Dividend Distribution
		11/20
List the name:	PART 4. REPORTABLE LIABILITIES	
areas of economic made as camp	s of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received omic activity of each creditor. Do not list credit card liabilities, or education paign contributions, or business loans from regulated financial institutions. If r	during the reporting period, and list the major al loans, loans from a relative, loans that were one, check the box.
I LU NORE		1
Name:	Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Address:		
-		
Nama:		
Address:		
	PACT C PERCENT	
List the specific	PART 5. REPORTABLE GIFTS	
	source of gifts received during the reporting period with an aggregate value of	of more than \$300. If none, check the box.
None	Name of Source of Gift	
1,	Name of Source of Gift 3.	Name of Source of Gift
2.		
	4.	

PART 2 (continued). INCOME DERIVED FROM SEL	LF-EMPLOYMENT
B. List each source of income derived from self-employment or practice that represents whichever is greater, and specify the principal type of economic activity of the entity or peform of disclosure is prohibited by law, rule, or an established code of professional et activity of the entity or person from whom the income was derived.	more than 10% of your gross income or \$1,000 erson from whom you derived such income. If thi hics, specify only the principal type of economic
Name and Address of Source	Principal Type of Economic
	Activity of Entity or Person Who is the Source of the Income
Name:	and the second s
Address;	
the first of the control of the cont	•
Name:	* * * * * * * * * * * * * * * * * * * *
Address:	
PART 3. OTHER SOURCES OF INCOM	
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not box.	
box.	include girs or honoraria. If none, check the
None	• • • • • • • • • • • • • • • • • • •
Name and Address of Owner	Kind of loans
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Androscoggin Bank	,
Address: 30 Lisbon Street	Interest
Lewiston, ME 04240	
Name: Franklin Savings Bank	· · ·
Address: P.O. Box 30	Interest
Jay, ME 04239	
Name: Charles Schwab	
Address: 211 Main Street	Interest
San Francisco, CA 94105 O.A.	2/3
PART 4. REPORTABLE LIABILITIES	
List the names of creditors for any unsecured loans of \$3,000 or more that you are in-	
made as campaign contributions, or business loans from regulated financial institutions. If no	
Li None	
Name and Address of Creditor	Principal Type of Economic
municipal de la company de la	Activity of Creditor
Name:	
Address:	
nterior and the contract that the contract of	,
Name:	t MANA and a second of the sec
Address:	
DARTE REPORTABLE OFFI	
PART 5. REPORTABLE GIFTS	
ist the specific source of gifts received during the reporting period with an aggregate value o	of more than \$300. If none, check the box.
None	
Name of Source of Gift	Name of Source of Gift
3.	

PART 6	REPORTABLE HONORARIA	
List the source of any honoraria accepted for appearance	es or speeches related to your official cap:	acity or duties. If none, check the how
X None	3 4.1	Toylog Oracat Bie DOX.
Name of Source of Honoraria	Name o	of Source of Honoraria
1.	3.	(A)
2.	4.	ng ng
PART 7. REPRES	ENTATION BEFORE STATE AGENC	CIES
List each executive branch agency before which you compensation of any amount other than your official sal none, check the box.	or a member of your immediate fam lary, Indicate whether you or a family m	nlly represented or assisted others for nember appeared before the agency.
None		and the second s
Name of Agency	Ne	ame of Agency
Department of Environmental Protect Representing clients on behalf of my	cion 3. company	Pod
2 Department of Conservation-LURC	4.	
Representing clients on behalf of my	company	
	SINESS WITH STATE AGENCIES	
List each executive branch agency to which you or a me \$1,000 during the reporting period. Indicate whether you o	mber of your immediate family sold good	s or services with a value in excess of
X None	The state of the s	ices. If flohe, check the box.
Name of Agency	Na	me of Agency
1.	3.	And the second s
2.	4.	
PART 9. INCOME RECEIV	VED BY MEMBERS OF IMMEDIATE	FAMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the killor more of income, list his or her name and job title. List on the continuous gifts.	e of income of \$1,000 or more received i	by your spouse or domestic partner or
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
ame: Penny L. Brown	1. Library work	1. Employment
ob Tille: Librarian, Livermore Library	2,	2.
Association	3.	3.
Dependent Child(ren) - Job Titles Only	90 t.h. has a second of the se	5 17 da 25
b Title:	·	4,
b Title:		A . Again
o Tide:	T	man ching at the contract of t

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PART 10. OFFICER OR DIRECTOR POSITIONS

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member.

Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
University of Maine Foundation Two Alumni Place Orono, ME 04469	Board Member	Self		No
Franklin Memorial Hospital 111 Franklin Health Commons Farmington, ME 04938	Board Member	Self		No
National Rural Water Association 2915 South 13th Street Duncan, OK 73533	Board Member	Self		No

SIG	NATURE
firm that the contents of this report are true, complete and	accurate to the best of my knowledge.
My Br	1-11-11
Signature	1/3/2011 Date
-	ition is a Class D crime.

	ADDITIONAL INFORMATION							
Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary.								
Part/Section Number		A STATE OF THE STA		-				
10	Maine Rural Water 254 Alexander Reed Richmond, ME 04357	Road	Board Member	Se1f		No		
10	Livermore Falls Wa 20 Depot Street Livermore Falls, M		Trustee	Self	· • • • • • • • • • • • • • • • • • • •	\$300/year		